·	F	PATENT AI	PPLICATIO Effecti	N FEE DE	TERM r 1, 20	INATIO	N RECO	RD			19/8	25	566	·
_	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI TYPE	EN	my ⊐	OTHER SMALL		
T	OTA	TAL CLAIMS 12 18 19 19							RAT	Ε	FEE		RATE	FEE
F	OR			NUMBER FILED		NUMBER EXTRA			BASIC	ASIC FEE	355.00	OR	BASIC FEE	710.00
1		L CHARGEAS	LE CLAIMS	/6 minus 20=		. 0		'	X\$ 9)= '		OR	X\$18=	
-		ENDENT CL		6 minus 3 =		3			X40			OR	X80=	
									-	-				
╂┖	MULTIPLE DEPENDENT CLAIM PRESENT							ļ	+13!	5=		OR	+270=	
ૄ •	If the difference in column 1 is less than zero, enter "0" in column 2								TOT	AL		OR	TOTAL	
	de	6/05 CI	_AIMS AS A (Column 1)	MENDED - PAR (Colu		mn 2) (Column 3)		<u>.</u>	SMA	LLE	NTITY	OR	OTHER SMALL	ENTITY
ੀ∤			CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST ABER IOUSLY) FOR	PRESENT EXTRA		RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NENDMENT	1	otal	• 20	Minus	•• 9	0	=		X\$	9≐		OR	X\$18=	
		ndependent	. 6	Minus	***	6	=		X40	0=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J	+13	5=		OR	+270=	
1	and the second s									OTAL		OR	TOTAL	
1	·							ADDIT	FEE		J	ADDIT. FEE		
			(Column 1)			umn 2) SHEST	(Column 3	<u>ה</u>		_	ADDI-	1		ADDI-
	2		REMAINING - AFTER	-	PRE	IMBER VIOUSLY ID FOR	PRESENT EXTRA		RA	TE	TIONAL FEE	_	RATE	TIONA
		Total	•	Minus			=		X\$	9=		OF	X\$18=	
		Independent		Minus	100		=		X4	0=		OF	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDE				NT CLAIM		ل	+13	 35=		OF			
1					•				-	OTAL		1	ADDIT. FE	<u>u</u>
			3)_	ADDIT	r. FEE			· AUUII. FE						
I			(Column 1		Hi	lumn 2) GHEST UMBER	PRESENT	\Box			ADDI-	7		ADDI
I	S E		REMAINING AFTER AMENDMEN		PRE	VIOUSLY UD FOR	EXTRA		R/	NTE.	TIONAL FEE	1	RATE	TIONA FEE
	AMENDMENT C	Total	*	Minus	••		=		X	9=		OF	X\$18=	=
	MEN	Ind pendent		Minus	•••		=	┙	X.	40=			X80=	
	A	FIRST PRES	ENTATION OF	MULTIPLE D	EPENDE	NT CLAI	м 🔲	لـ	-		1	1	070	1
ľ		<u> </u>			.h 0 :	سة النجه عرفتون	column 3			35 <u>=</u>	<u> </u>		` L	
	••	If the "Highest N	lumn 1 is less tha lumber Previous	y Paid For IN I	HIS SPAI	CE IS 1633	(1821) 20, 01110.	20.	ADDI	TOTAL T. FEI	<u> </u>	O	ADDIT. F	ËE L
	***	If the "Highest I The "Highest N	iumber Previous; Number Previously umber Previously	y Paid For IN T Paid For (Total	HIS SPA l or Indep	CE is less endent) is	man 3, enter the highest nu	a. mbe	r found i	n the a	ppropriate	box in	column 1.	•

Application or Docket Number